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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	DEP673-CIP	
	First Named Inventor	WACK, MICHAEL A.	
	<i>COMPLETE IF KNOWN</i>		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL LOCKING PLATE AND ASSOCIATED METHOD
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number ☐
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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60/285,462	April 20, 2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Application Serial No.	Filing Date	Status
10/100,387	March 18, 2002	Pending

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Name:

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City:

State:

ZIP

Country

Telephone:

Fax:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) MICHAEL A.

Family Name
or Surname WACK

Inventor's
Signature

Date

Residence: City WARSAW

State IN

Country US

Citizenship US

Mailing Address 1604 S. WOODFIELD TRAIL

City WARSAW

State IN

ZIP 46580

Country US

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NAME OF SOLE OR SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Pamela C.

Family Name
or Surname Guzman

Inventor's
Signature

Date

Residence: City Fort Wayne

State IN

Country US

Citizenship US

Mailing Address 6418 Beaver Creek Ct.

City Fort Wayne

State IN

ZIP 46814

Country US

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NAME OF SOLE OR THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Dennis A.

Family Name
or Surname Stoller

Inventor's
Signature

Date

Residence: City Fort Wayne

State IN

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Mailing Address 11025 Wheelock Road

City Fort Wayne

State IN

ZIP 46835

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Christopher K.

Family Name
or Surname Bremer

Inventor's
Signature

Christopher K. Bremer

Date

7/25/03

Residence: City Warsaw

State IN

Country US

Citizenship US

Mailing Address 294 North County Road 175 East

City Warsaw

State IN

ZIP 46582

Country US

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NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Mark A.

Family Name
or Surname Fenton

Inventor's
Signature

Mark A. Fenton

Date

7/25/03

Residence: City North Manchester

State IN

Country US

Citizenship US

Mailing Address 621 East. 5th Street


City North Manchester

State IN

ZIP 46962

Country US

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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LAWRENCE B.		Family Name or Surname BONE	
Inventor's Signature		Date	
Residence: City BUFFALO	State NY	Country US	Citizenship US
Mailing Address UNIVERSITY ORTHOPAEDIC SERVICES PC, ERIE COUNTY MEDICAL CENTER, 462 GRIDER STREET			
City BUFFALO	State NY	ZIP 14215	Country US

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NAME OF SEVENTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ROY W.		Family Name or Surname SANDERS	
Inventor's Signature 		Date 7/28/03	
Residence: City TAMPA	State FL	Country US	Citizenship US
Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710			
City Tamap	State FL	ZIP 33606	Country US

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Family Name
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Inventor's
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Date

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State IN

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Citizenship US

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Christopher K. Bremer

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Inventor's
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Country US

Citizenship US

Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710

City Tamap

State FL

ZIP 33606

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I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 </div> <div style="width: 35%; text-align: center;"> Place Customer Number Bar Code Label Here </div> </div> <p style="margin-top: 10px; text-align: center;">AND</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Practitioner(s) named below: <div style="width: 40%;"> Name _____ Registration Number _____ </div> </div>		
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Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) MICHAEL A.		Family Name or Surname WACK	
Inventor's Signature <i>Michael A. Wack</i>		Date 7-27-03	
Residence: City WARSAW	State IN	Country US	Citizenship US
Mailing Address 1604 S. WOODFIELD TRAIL			
City WARSAW	State IN	ZIP 46580	Country US
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NAME OF SOLE OR SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Pamela C.		Family Name or Surname Guzman	
Inventor's Signature		Date	
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Given Name (first and middle (if any)) Dennis A.		Family Name or Surname Stoller	
Inventor's Signature <i>Dennis A. Stoller</i>		Date 7/25/03	
Residence: City Fort Wayne	State IN	Country US	Citizenship US
Mailing Address 11025 Wheelock Road			
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Mailing Address UNIVERSITY ORTHOPAEDIC SERVICES PC, ERIE COUNTY MEDICAL CENTER, 462 GRIDER STREET			
City BUFFALO	State NY	ZIP 14215	Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SEVENTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) ROY W.		Family Name or Surname SANDERS	
Inventor's Signature		Date	
Residence: City TAMPA	State FL	Country US	Citizenship US
Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710			
City Tampa	State FL	ZIP 33606	Country US

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	DEP673-CIP	
	First Named Inventor	WACK, MICHAEL A.	
	<i>COMPLETE IF KNOWN</i>		
	Application Number		
	Filing Date		
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL LOCKING PLATE AND ASSOCIATED METHOD
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number ☐
and was amended on (MM/DD/YYYY) ☐

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/285,462	April 20, 2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
10/100,387	March 18, 2002	Pending

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND:

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to John Wagley at telephone number (219) 372-7332.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) MICHAEL A.

Family Name

or Surname WACK

Inventor's

Signature

Date

Residence: City WARSAW

State IN

Country US

Citizenship US

Mailing Address 1604 S. WOODFIELD TRAIL

City

WARSAW

State IN

ZIP 46580

Country US

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NAME OF SOLE OR SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Pamela C.

Family Name

or Surname Guzman

Inventor's

Signature

Date

Residence: City Fort Wayne

State IN

Country US

Citizenship US

Mailing Address 6418 Beaver Creek Ct.

City

Fort Wayne

State IN

ZIP 46814

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Dennis A.

Family Name

or Surname Stoller

Inventor's

Signature

Date

Residence: City Fort Wayne

State IN

Country US

Citizenship US

Mailing Address 11025 Wheelock Road

City

Fort Wayne

State IN

ZIP 46835

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Christopher K.

Family Name
or Surname Bremer

Inventor's
Signature

Chris K. Bremer

Date

7/25/03

Residence: City Warsaw

State IN

Country US

Citizenship US

Mailing Address 294 North County Road 175 East

City Warsaw

State IN

ZIP 46582

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Mark A.

Family Name
or Surname Fenton

Inventor's
Signature

Mark A. Fenton

Date

7/25/03

Residence: City North Manchester

State IN

Country US

Citizenship US

Mailing Address 621 East. 5th Street

City North Manchester

State IN

ZIP 46962

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) LAWRENCE B.

Family Name
or Surname BONE

Inventor's
Signature

Lawrence B. Bone

Date

7-29-03

Residence: City BUFFALO

State NY

Country US

Citizenship US

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City BUFFALO

State NY

ZIP 14215

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SEVENTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) ROY W.

Family Name
or Surname SANDERS

Inventor's
Signature

Date

Residence: City TAMPA

State FL

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Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710

City Tamap

State FL

ZIP 33606

Country US